

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000072431

FILED  
Jul 09, 2007  
Secretary of State

**Entity Name:** MCINTIRE ASSET MANAGEMENT LLC

**Current Principal Place of Business:**

1907 S OSPREY AVE  
SARASOTA, FL 34239 US

**New Principal Place of Business:**

1800 2ND STREET  
SARASOTA, FL 34236 US

**Current Mailing Address:**

1907 S OSPREY AVE  
SARASOTA, FL 34239

**New Mailing Address:**

1800 2ND STREET  
SARASOTA, FL 34236

FEI Number: 20-1715078      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MCINTIRE, DAVID  
1907 S OSPREY AVE  
SARASOTA, FL 34239 US

**Name and Address of New Registered Agent:**

MCINTIRE, DAVID  
1800 2ND STREET  
SARASOTA, FL 34236 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID E. MCINTIRE

07/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MCINTIRE, DAVID E  
Address: 1907 S OSPREY AVE  
City-St-Zip: SARASOTA, FL 34239

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MCINTIRE, DAVID E  
Address: 1800 2ND STREET  
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID E. MCINTIRE

MGR

07/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date